IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ואל יטע									
Jes e F	Patent Application of	MAIL STOP AMENDMENT							
Takes	hi Kato	Group Art Unit: 2166							
Application No.: 10/629,792		Examiner: Lin Shew Fen							
Filing Date: July 30, 2003		Confirmation No.: 9403							
Title:	FILE STORAGE DEVICE, PROGRAM FOR CONTROLLING FILE STORAGE DEVICE, COMPUTER READABLE RECORDING MEDIUM ON WHICH THE PROGRAM IS RECORDED, AND PRINTING SYSTEM))))							
AMENDMENT/REPLY TRANSMITTAL LETTER									
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450									
Sir:									
Enclos	sed is a reply for the above-identified paten	application.							
	A Petition for Extension of Time is enclosed.								
	Terminal Disclaimer(s) and the \$\sum \$65 \$\sum \$130\$ fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.								
\Box	Also enclosed is/are:								
	Small entity status is hereby claimed.								
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$\square\$ \$ 395 \$\square\$ \$ 790 fee due under 37 C.F.R. § 1.17(e).								
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.								
	Applicant(s) previously submittedcontinued examination is requested.	on for which							
	Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i)								

A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

is enclosed.

Amendment/Reply Transmittal Letter Application No. 10/629,792 Attorney's Docket No. 1011350-000314 Page 2

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\bowtie	No additional cl	aim fee is	required.						
	An additional cl	aim fee is	required, and is	calculated	as shown below:				
			AMENDE	D CLAIMS					
		No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additiona	l Fee		
Total Claims		4	20	0	x \$ 50 (1202)	\$	-		
Independent Claims 3		3	9	0	x \$ 200 (1201)				
☐ If <i>A</i>	\$								
Total	\$								
Sn									
TOTA	\$								
	Charge to Deposit Account No. 02-4800 for the fee due. A check in the amount of is enclosed for the fee due. Charge to credit card for the fee due. Form PTO-2038 is attached.								
	37 C.F.R. §§ 1.	16, 1.17 ar	nd 1.20(d) and ²	1.21 that m	propriate fees unde ay be required by 12-4800. This pape	this paper, and			
			Respectfully	y submitted	i,				
Date	April 27, 2007		By: James	NGERSOLL Laug fed s A. LaBari tration No.		-			

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620